

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
AUG 16 2016
Bayfield Co. Zoning Dept.

125-16 (cash) 8-16-16
16-0329
9-26-16
Amount Paid: \$125 8-16-16
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Mailing Address: 531 Canterbury Dr Plover WI		City/State/Zip: 715 5704393	
Owner's Name: Todd R Sahr		Contractor Phone: Mason		Plumber:	
Address of Property: 7 Sutherland Rd		Agent Phone:		Agent Mailing Address (include City/State/Zip):	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Self.		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: S 1/4, NW 1/4		Legal Description: (Use Tax Statement) PIN: (23 digits) 04-032-2-46-06-26-2 03-000-7000 Volume 1123 Page(s) 222		Recorded Document: (i.e. Property Ownership)	
Section 26, Township 46 N, Range 6 W		Town of: Mason		Lot Size: 40 A.	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Yes--continue <input checked="" type="checkbox"/> If Yes--continue		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 19,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 16'	Height: 15'
Proposed Construction: Garage			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Garage	(32 X 16)	512
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	
<input checked="" type="checkbox"/> Residential Use	with Loft	()	
<input checked="" type="checkbox"/> Residential Use	with a Porch	()	
<input checked="" type="checkbox"/> Residential Use	with (2nd) Porch	()	
<input checked="" type="checkbox"/> Residential Use	with a Deck	()	
<input checked="" type="checkbox"/> Residential Use	with (2nd) Deck	()	
<input checked="" type="checkbox"/> Residential Use	with Attached Garage	()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		()	
<input type="checkbox"/> Mobile Home (manufactured date)		()	
<input type="checkbox"/> Addition/Alteration (specify)		()	
<input checked="" type="checkbox"/> Accessory Building (specify) Garage		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/> Special Use: (explain)		()	
<input type="checkbox"/> Conditional Use: (explain)		()	
<input type="checkbox"/> Other: (explain)		()	

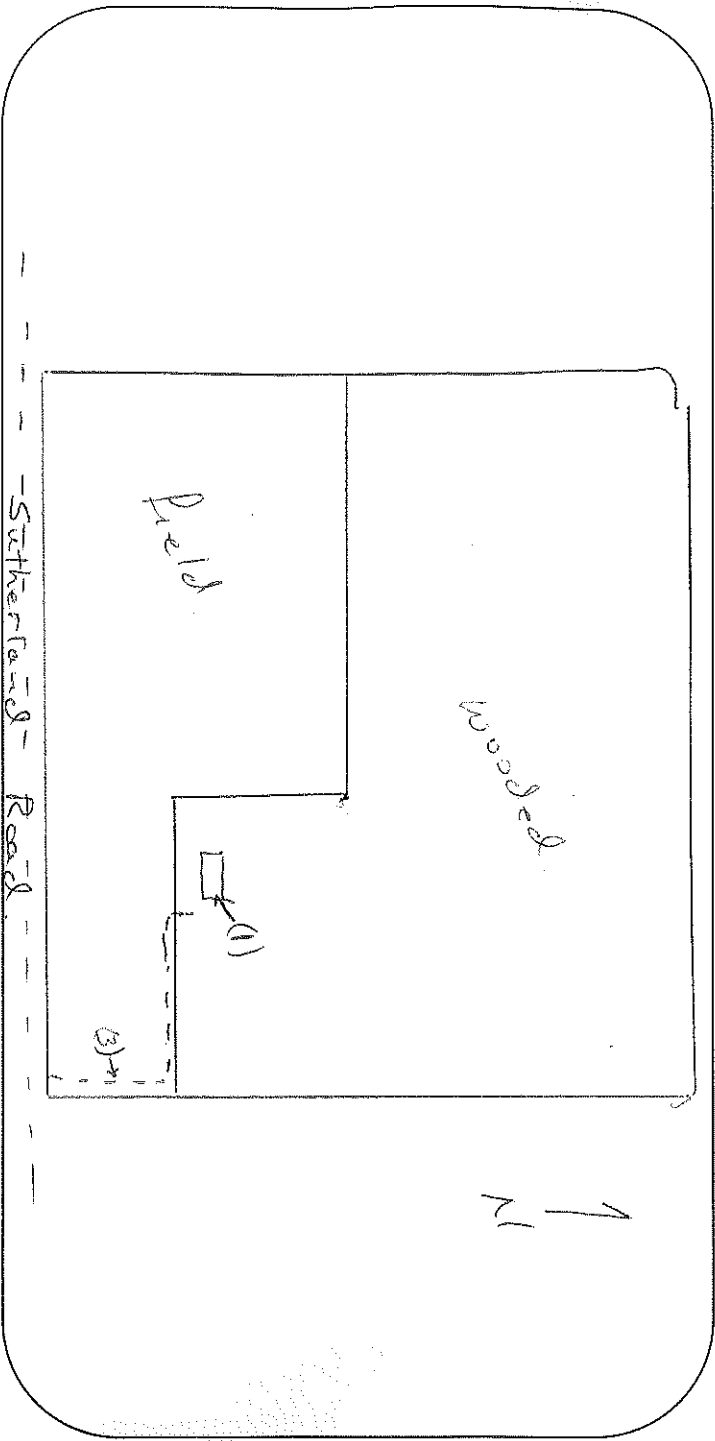
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Todd R Sahr Date 8-16-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Review: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: A/B/C/E All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	321 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1022 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	321 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1065 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	254 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0339		Permit Date: 9-26-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		ok				
Date of Inspector	9-13-16	Inspected	9-26-16			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Not for human habitation						
No water under pressure						
Signature of Inspector:		Date of Approval: 9-26-16				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Nothing for Sanitary in Carnady

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PO Box 58
Washburn, WI 54891
(715) 373-6138

\$175 + 100 = 295

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
AUG 26 2016
Bayfield Co. Zoning Dept.

Permit #:
Date:
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
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HOW DO I FILL OUT THIS APPLICATION (Visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Timothy and Deborah Hickey</u>	Mailing Address: <u>9303 Country Lane</u>	City/State/Zip: <u>Menicelle, MN. 55362</u>	Telephone: <u>763-295-6549</u>
Address of Property: <u>Satherland Rd</u>	City/State/Zip:		Cell Phone: <u>612-963-8447</u>
Contractor: <u>Self</u>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>SE 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-032-3-46-06-26-2-04-000-2000</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
<u>SE 1/4, NW 1/4</u>	Gov't Lot	Lot(s)	CSM
<u>Vol & Page</u>	Lot(s) No.	Block(s) No.	Subdivision:
Section <u>22E</u> , Township <u>14N</u> N, Range <u>10W</u> W	Town of: <u>Mason</u>	Lot Size	Acreage <u>35</u>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue -->	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$40,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Pit) or Vaulted (min 200 gallon)			<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (If permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>26</u>	Width: <u>32</u>	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>26</u> x <u>32</u>)	<u>832</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	with Loft	()	
	with a Porch	()	
	with (2 nd) Porch	()	
	with a Deck	()	
	with (2 nd) Deck	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
Secretarial Staff	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
	Mobile Home (manufactured date)	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	()	
	<input type="checkbox"/> Accessory Building (specify) _____	()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	
	Special Use: (explain) _____	()	
	Conditional Use: (explain) _____	()	
	Other: (explain) _____	()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Timothy and Deborah Hickey Date 8-25-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach

Draw or Sketch your Proposed Construction (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	750 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	550 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	730 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	400 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	90 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0332		Permit Date: 9-27-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: AUSTON		Zoning District (AG1) Lakes Classification ()			
Date of Inspection: 9-12-16		Inspected by: J. B. B. B.		Date of Re-Inspection:	
Conditions: Town, Committee Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached.)					
S.V. List - 9/23/16 - 118-16 Must get NOC NO water supply pressure / NO indoor plumbing w/o Approval Sanitary Dept. Signature of Inspector: J. B. B. B.					
Hold For Sanitary: <input checked="" type="checkbox"/> 9-16-16		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

Dayfield County, WI

